

## Notice of Death Reporting

**Regional Director** (Check the appropriate box agency is reporting to)

<b>East</b> <b>East TN Regional Office</b> <b>5908 Lyons View Drive</b> <b>Greenbriar Cottage</b> <b>Knoxville, TN 37919</b> <b>Phone # 865/588/0508</b> <b>Fax: # 865/594/5180</b>  <b>Crisis Pager #1-800-225-9302</b>	<b>Middle</b> <b>Middle TN Regional Office</b> <b>275 Stewarts Ferry Pike</b> <b>Stamps Building</b> <b>Nashville, TN 37214</b> <b>Phone # 615/231/5048</b> <b>Fax: # 615/231/5150</b>  <b>Crisis Pager #1-615-282-4364</b>	<b>West</b> <b>West TN Regional Office</b> <b>POBox 949</b> <b>11437 Milton Wilson Road</b> <b>Arlington, TN 38002</b> <b>Phone # 901/745/7361</b> <b>Fax: # 901/745/7379</b>  <b>Crisis Pager #1-888-814-8112</b>	
Agency Providing Services  State Agency GVDC Ph. # 423/787/6800 CBDC Ph. # 615/231/5000 ADC Ph. # 901/745/7301  Community Agency _____ Ph # ____/____/____	Case Management Service Provider by Type ISC Independent Support Agency Providing Services _____ Ph # ____/____/____  State case manager Agency case manager QMRP  Other _____	Person's Primary Care Provider (Physician/PA/NP) _____ Ph # ____/____/____  Death Due to: (check one) Acute Illness Accident Acute event from chronic illness Chronic illness Unexplained Explain: _____	
Person's Full Name (last) _____ (first) _____ (middle) _____	SS# ____/____/____	Mental Retardation Level (check one) mild moderate severe profound Unknown/ Unspecified	
Date of Birth (month/day/year) ____/____/____	Date of Death (month/day/year) ____/____/____	Age at Death _____	Gender M      F
Date/time Death Reported:  Date: _____  Time: _____ AM / PM	Place of death: Home (where person lives) Out of home/community Hospital (medical) Psychiatric facility Other _____	Autopsy: Autopsy? Yes      No Requested by whom _____ Medical examiner contacted? Yes      No By whom _____ Coroner contacted? Yes      No By whom _____	
Police notified      Family notified Yes   No      Yes   No	Legal Representative notified Yes   No	ISC/Case manager notified Yes   No	
Death Reported to Investigator Yes   No	Incident Form Transmitted Yes   No	Funding Status (Check all that apply) Waiver      State Funded Waiver & State Funded      Commu	
Class Member Status (Check all that apply):    Settlement Agreement      Remedial Order      Other _____			
Individuals Type of Residence			
With family members Yes   No	Nursing Facility Yes   No	Community ICF/MR Yes   No	Community Residential Yes   No
Living independently Yes   No	Own home with supports Yes   No	Developmental Center Yes   No	Other (explain)
Agency Reporter ( <b>Print</b> Name, Title)  _____			Agency Official <b>Signature</b>  _____

